

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34278

Registrar's No. 8771

FILED OCT 23 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
36 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Emma Hudkins

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virgil Neil Hudkins
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased October 23rd, 1911
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 14
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Arthur Hopkins Canada

13. Birthplace Lulu Mae Servers
(City, town, or county) (State or foreign country)

14. Maiden name Illinois

15. Birthplace Virgil Neil Hudkins
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Neil Hudkins

(b) Address 9776 Lilac Ave.

17. (a) Burial (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 9 1948 (b) J. B. Leater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town 9776 Lilac
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1948 hour 12:00 minute Midnight A.M.

21. I hereby certify that I attended the deceased from 9/22/48
to 10/7/48

that I last saw her alive on 10/7/48

and that death occurred on the date and hour stated above.

Immediate cause of death Atelactasis of lung Duration 2 days

Hydro Thorax Cardiac Failure

Due to nephrosis
Incomplete Abortion (Spontaneous)

Due to Hemorrhage uterine
Transfusion Reaction

Other conditions: Pregnancy
(Include pregnancy within 3 months of death)

Major findings: Incomplete Abortion

Of autopsy Atelactasis of lungs
Nephrosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature William A. Rivlee (M. D. or other)

Address Barnes Hospital Date signed 10-2-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *John P. Buchholz*

Licensed Embalmer No. *1274*

P. O. Address *2223 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.